

Nebraska Program Improvement Plan Summary

Introduction

The Nebraska Office of Protection and Safety completed our Program Improvement Plan on August 15, 2005. We believe that we have fundamentally re-examined and re-defined our beliefs and the practices of the agency in relation to children and families by instituting the philosophical base of Family Centered Practice. Nebraska is committed to systemic changes that will lead to true and lasting improvements in day to day practices and the ways we operate our programs.

The Nebraska Children and Family Services Review (CFSR) was conducted the week of July 15, 2002. Areas needing improvement were identified. Protection and Safety needed to improve the response time to reports of child maltreatment. We also needed to ensure that children have permanency and stability in their living situations by reunifying within 12 months or adoption within 24 months of the child's entry into foster care. Concerns regarding the frequent agency practice of establishing guardianship as a permanency goal for young children without fully exploring adoption as a permanency goal were identified. Another concern was the frequency and quality of the face to face contact between caseworkers and the children and parents was often insufficient to monitor child safety or promote attainment of case goals. The CFSR also found that Nebraska was inconsistent with regard to its efforts to meet children's physical and mental health needs, which this problem may be due to the extreme shortages of both medical and mental health services throughout most areas of the State. Finally, the State was not in substantial conformity with factors pertaining to the case review system; quality assurance; the service array; or foster and adoptive parent licensing, recruitment, and retention.

One of Nebraska's major systemic changes is the use of Family Centered Practice (FCP) that uses a team approach to services and supports. At the very foundation of FCP is our expectation that all individuals engaged in doing business with HHS are treated with respect and dignity. We build on the unique strengths and values of each person as we participate in the planning process with them. Services and supports are intended to help families and individuals meet their outcomes and goals. The person/family has decision making power at every level of interaction with the system and team. Solutions are cooperatively sought with the input of the customer and decisions about a person/family are not made without them, although safety of the child is never compromised.

Another major practice change is the recognition that the supervisor is the key to making changes happen with children and families. The role of the supervisor is one of proactive oversight, which moves the child and family through the system in a timely and appropriate manner. We believe these changes will improve the outcomes of children and families. It is also exciting to the staff from across the State who are working hard to make them a reality.

Developing a cohesive Quality Assurance System for Protection and Safety that can be used to measure the quality of service provision and outcomes realized is key to ensuring practice and policy are being implemented, strengths and needs are identified. QA staff have been hired and are located across the state. Formal QA reviews have been conducted on the Intake Process; Initial Assessment; Out of Home Setting Assessments; Home Studies and Criminal Background Checks. There are also local QA protocols being established. On-going case file reviews are conducted and a Nebraska version of the federal CFSR will be completed by December 2005. By mirroring the federal review, Nebraska will continue to measure our effectiveness in meeting



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the outcomes of safety, permanency and well being while preparing for our next federal review in 2007.

On June 1, 2004, then Governor Johanns announced the steps that the Department of Health and Human Services was taking to increase the state's accountability for protecting children and ensuring safety. Dr. Joanne Schaefer, Deputy Chief Medical Officer, developed an Accountability Plan for Protection & Safety based on a Governor's Task Force related to children who have died because of abuse/neglect in Nebraska. Dr. Schaefer presented the plan and within the scope of the plan worker performance measurements were recommended. Administrative staff met and reviewed Dr. Schaefer's recommendations, the CFSR, the PIP and the Nebraska Family Portrait. Based on that review, performance evaluation measurements were established that ranged from Intake to Adoption. Supervisors received specific, detailed information about the performance evaluation system at the June 15-16, 2005 supervisory conference. The performance evaluation system was phased in, with Western, Central and Northern on July 1, 2004 and Eastern and Southeast Service Areas beginning on January 1, 2005. Since its introduction, a revision to the rating system was made in January 1, 2005 and an additional adjustment is being made effective July 1, 2005. Overall, we have seen some improvement in the areas that are being measured which we believe have a direct impact in the outcomes of safety, permanency and well being of children.

Finally, the Protection and Safety system developed and strengthened thirty two policies and procedures in the past two years. These clarifications provide the system with clear expectations that continue to provide the foundation and shape practice that will ultimately improve outcomes for children and families. All policy and administrative memos that have been issued are incorporated into new worker training and on-going training for protection and safety staff.

There were sixteen Program Memos issued which are used to communicate official interpretations or clarifications of the department's position on specific regulations. The following are the Policy Memos issued since 2002:

- Monthly Worker Contact Requirements;
- Use of the Adoption Exchange;
- Emergency Placement Approval;
- CAPTA Required Referrals to Early Intervention Services;
- Use of Guardianship as a Permanency Objective;
- Visitation Policy for Youth Rehabilitation and Treatment Center and Hastings Juvenile Chemical Dependency Program Youth;
- Diligent Efforts to Locate and Assess Non-custodial Parent and Relatives;
- Child Abuse and Neglect and Initial Assessment of Employees – Contractors Having Access to N-FOCUS;
- Inter-jurisdictional Placement for Adoption;
- Visitation between Parents, Their Children and Child's Siblings;
- Permanency Hearings and Termination of Parental Rights;
- CAPTA Required Procedures for Reports of Medical Neglect of a Handicapped Infant;
- Indian Child Welfare Act;
- Family and Child Planning (Case Planning) Process;
- Clarification of Program Memo – Guardianship as a Permanency Objective, and
- Expectations for Comprehensive Initial, Family and Out-of-Home Assessments



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There were 16 Administrative Memos issued which are used to communicate technical assistance, supervisory direction, or administrative information. The following are the Policy Memos issued since 2002:

- Standard Case File Format;
- Office of Juvenile Services Direct Commitment Discharges;
- Non-emergency Placements;
- Home Study Agreement with Iowa;
- 1-800-7PARENT Information Line;
- Performance Evaluation Procedures for New Protection and Safety Workers/Trainees;
- Transportation Payment Increase to Foster Parents;
- Staff Training on Administrative and Program Memos;
- Use of Child and Provider Characteristics on N-FOCUS;
- Foster Parent Right to Notice and Participation in Hearings;
- Independent Living Services Guidebook;
- Documentation of Health, Dental and Mental Health Examinations on N-FOCUS;
- Changes to Protection and Safety Performance Evaluation;
- Documentation of Assessment, Licensing Complaints, Other Contacts on N-FOCUS;
- Advocacy for Meeting the Educational Needs of Children who are Department Wards, and
- Reports of Child Abuse or Neglect – A Handbook for Parents.

On January 6, 2005, Chief Justice Hendry announced the formation of the Supreme Court Commission on Children in the Courts. The Commission consists of judges, lawyers, representatives of the legislative and executive branches, and children's advocates. The initial goal of the Commission is to begin a study of appropriate steps to take to insure that the court system is as responsive as possible for children directly affected by the courts. The Commission will explore such possibilities as specialized family courts, improving cooperation between courts, child welfare agencies, and volunteers, and use of drug courts.

The Department would like to acknowledge the continued involvement of our Stakeholder Advisory Team. Their expertise in the field has been welcomed and extremely helpful. The Department would also like to express our appreciation to Administration for Children and Families. Their guidance and support, along with the approval for technical assistance from the National Child Welfare Resource Centers, have been invaluable. The following National Child Welfare Resource Centers have assisted Nebraska in meeting their PIP obligations:

- National Child Welfare Resource Center for Family-Centered Practice
- National Resource Center for Foster Care and Permanency Planning
- National Child Welfare Resource Center on Legal and Judicial Issues
- National Resource Center on Child Maltreatment
- National Resource Center for Organizational Improvement
- National Resource Center for Child Protective Services
- National Resource Center for Adoption (Spaulding)

Some of the changes Nebraska has made are highlighted below. We believe these improvements will continue to move our state forward in meeting the outcomes of Safety, Permanency and Well-being.

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Safety

Nebraska developed written policies that govern timeframes for responding to reports of maltreatment. These policies guide staff in providing timely responses to these reports. We have also made great strides in focusing on early, up front services to prevent children being removed from their homes or placed with relatives whenever possible. This has been accomplished through strengthening our intake and assessment policy and procedures by:

- ✦ Establishing time lines and definitions for initiating and completing assessments of reports of child abuse/neglect,
- ✦ Assuring assignment of reports within established priorities and timeframes.
- ✦ Ensuring timely service provision during the assessment
- ✦ Assuring quality and timely assessments that address children's critical relationships and connections; to assess the needs of the entire family.
- ✦ Defining steps to appropriately identify the child and family's culture and heritage
- ✦ Requiring staff to gather information about non custodial parent and other relatives

Intake Process

A new Intake process and method that identified a priority response system was implemented in July 2003 and revisions were made in July 2004 to more clearly identify those situations where children were truly in life-threatening circumstances. Definitions were clarified and additional examples were provided to more accurately determine necessary response times.

A training conference was held in October 2004 for 77 Intake supervisors, front line staff and administrators to practice use of the revised method and to work towards consistent decision making and critical thinking. Specialized training was also provided on domestic violence and methamphetamine use.

The Child Abuse and Neglect Hotline has received a great deal of attention. The hotline is available to receive reports of abuse/neglect 24 hours a day; 7 days a week. A quality assurance process was put into place May 1, 2004 to monitor that intake call receipt process. Originally gathered by HHS staff and by a contracted provider, this information is now available in the most populous parts of the state by technology in the form of an Automated Call Distribution (ACD) Phone System. Information from this monitoring is used to review the scheduling of staff resources to best respond to callers reporting abuse and neglect.

In addition, a work group comprised of stakeholders in the Eastern Service Area, the area responsible for management of the Child Abuse/Neglect Hotline, has been chartered to make recommendations for continued improvement. The group includes representatives from NE Medical Center, Children's Hospital, Omaha Police Department, Douglas County Attorney's Office, Girls and Boys Town National Hotline, University of Nebraska at Omaha's School of Social Work, Child Advocacy Center, Voices for Children, Alegent Health Systems, representatives of the African American and Hispanic Communities, (the African American representative is a private provider, and the Hispanic representative attends on behalf of the Chicano Awareness Center), and the Department. This group meets monthly to identify community expectations and will continue to meet quarterly to discuss improvements.

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Conference calls are held twice a month with Intake supervisors and administrators to continue discussion of implementation issues. The following data table indicates the improvements that Nebraska has made in regards to response times:

Response Times	
Priority 1 - First Contact in 1 Day	Statewide
1st Quarter (July '04-Sept '04)	52.1%
2nd Quarter(Oct '04-Dec'04)	70.2%
3rd Quarter(Jan '05-Mar '05)	73.6%
4th Quarter(Apr '05-Jun '05)	78.6%
1st Quarter (July '05-Sept '05)	75.4%
Priority 2 - First Contact in 5 Days	
1st Quarter (July '04-Sept '04)	58.5%
2nd Quarter(Oct '04-Dec'04)	68.0%
3rd Quarter(Jan '05-Mar '05)	73.3%
4th Quarter(Apr '05-Jun '05)	64.2%
1st Quarter (July '05-Sept '05)	67.0%
Priority 3 - First Contact in 10 Days	
1st Quarter (July '04-Sept '04)	55.9%
2nd Quarter(Oct '04-Dec'04)	63.9%
3rd Quarter(Jan '05-Mar '05)	69.7%
4th Quarter(Apr '05-Jun '05)	69.5%
1st Quarter (July '05-Sept '05)	67.3%

Future plans:

- Continue to monitor use of the intake tool to insure consistent use and response across the state; continue to identify and resolve implementation issues. The bimonthly conference calls will continue to serve as a primary medium by which to accomplish these goals.
- A supervisory conference has been scheduled for December 2005 which will focus, in part, on safety.
- The Department is working with Alltel to install an Automated Call Distribution (ACD) phone system that will provide the Department with additional information and will assist the State in better identifying and meeting the Hotline phone demands.
- The work group chartered to make recommendations for improvements to the Hotline will continue to meet on a quarterly basis.

Comprehensive Assessment and Family Centered Practice

We have continued our work to strengthen policy and practice related to comprehensive assessments using several different strategies. We continue to utilize the resources available to us through Child Welfare League of America (CWLA). We now have several models that have been recommended and are in the process of doing some final comparisons between these models and the model we are currently using to assist us in selecting and/or developing a tool for Nebraska.

Our Performance Accountability Plan that was rolled out in July 2004, provides monthly reports to all staff throughout Protection and Safety related to measures such as time to first contact for initial assessment, time to document the information on our N-FOCUS



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system, and time to service provision. These reports are used for meetings between the workers and supervisors, and supervisors and administrators to measure progress, and make any individual staff or system improvements necessary.

Family Centered Practice (FCP) training continues to move forward and will have a major impact on strengthening the concept of comprehensive assessments. All administrators, supervisors and workers have been trained statewide. A strong component of the family centered practice training relates to the comprehensive needs assessment and staff are being provided information related to conducting assessments based on the following values, beliefs and principles whether a child or youth remains in-home or out-of-home: outcome focused, strengths based, individualized, culturally competent, needs driven, family/person driven, team developed, community based, normalized, unconditional, flexible and compassionate. Needs are discussed in relation to identifying individual and family needs and continually assessing and reassessing needs from the first contact our system has with the individual/family continuing throughout the entire time we have the opportunity to work with the family. Safety and risk are continually assessed in relation to outcomes, needs and strategies to guide in decision making. Safety is seen as a “bottom line” that cannot be compromised. We continue to build internal capacity to train on family centered practice and now have over 38 trainers that are training in their local area. The Youth Rehabilitation and Treatment Centers have also been a part of this family centered practice training.

Family Centered Practice Training also covers the team building process so that all appropriate informal and formal supports are a part of the family team meetings. Through the family team meetings, the child’s critical relationships and connections with immediate and extended family, as well as community and other formal and informal supports are maintained and involved as much as possible. The importance of immediately identifying and putting into action the necessary informal supports and community supports as well as the more formal services such as safety interventions, intensive family preservation, counseling or family support is an important component in our work with families.

In addition to workers being trained on assessments through FCP training, we are working with a consultant from the University of Nebraska to review our Protection and Safety New Worker training curriculum to make sure the initial training for workers strongly addresses the importance of timely and quality identification of outcomes, needs, safety issues, and strategies related to the individual child, as well as the entire family. The consultant is also reviewing on-going training materials as well.

Future Plans:

Nebraska’s internal CFSR (NE CFSR) reviews continue to be on target and will occur during the months of September, October and November 2005. The identified Service Areas have completed their local office assessments. The CFSR tool in part addresses safety and assessments so further information about the quality and timeliness of our assessments will be gathered through these review processes and used to improve our state’s performance related to comprehensive assessments, along with other areas impacting the safety, permanency and well being of children. Technical Assistance is being provided by the National Resource Center on Organizational Improvement. Peter



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Watson, Director, helped to design and train the reviewers for the NE CFSR and also provided consultation related to the changes Nebraska made to the Federal CFSR tool.

We requested technical assistance through our regional office from the National Resource Center for Child Protective Services to come to Nebraska to assist us in developing safety and risk skill building, competency testing, and training. The resource center was here on June 1, 2005. We developed a logic model and a draft work plan that is currently being implemented. We trained administrators June 2005. Supervisors will be trained in December 2005 with the worker training to follow. The resource center is specifically establishing a curriculum to fit Nebraska's needs.

A program memo regarding completion of assessments was issued to staff in July 2005. This memo emphasizes and reinforces regulations and rules related to best practices for conducting assessments. We have identified specific areas that will be emphasized or highlighted for improvement such as the following: protocols for interviewing individuals during the investigative/assessment phase; Medically Handicapped Infant cases; requirements for assessing risk and safety throughout a case from first contact to discharge; assessing the needs of the entire family; and assessing the child's connections with others such as relatives. Additional findings from the case read will be incorporated into the memo to enhance policy and practice.

We continue to closely monitor the number of Intake Reports accepted for initial assessment. The projected number of assessments/investigations through the first four months of 2005 puts us on target to assign approximately 15,300 reports this year. This number has significantly increased over the past 3 years. In 2003, there were 9296 assigned assessments; in 2004 the number of assessments was 13,291. In addition to the increase in assessments, our system is also experiencing an increase in the total number of state wards. All of the additional new workers from our LB 1089 funding package, legislation which allotted additional staff, to get them out into the workforce to assist in intakes, assessments, and ongoing case management responsibilities will complete training by the fall of 2005.

Permanency

Nebraska believes the strengthening of our assessment process by addressing the needs of families has had a positive impact on the length of time to reunification and adoption or for stability of foster care placements.

The following is the performance accountability measurements that show improvement in the timeframes between the beginning of the comprehensive assessments and the provision of services, visitation with children and their parents, and a child's reunification with their family within 12 months of removal.

Timeframes between beginning of comprehensive assessment and the provision of services	Statewide
Priority 1 - Service Provision in 10 Work Days	
1st Quarter (July '04-Sept '04)	44.1%
2nd Quarter(Oct '04-Dec'04)	56.7%
3rd Quarter(Jan '05-Mar '05)	53.3%



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4th Quarter(Apr '05-Jun '05)	66.4%
1st Quarter (July '05-Sept '05)	67.6%
Priority 2 - Service Provision in 15 Work Days	
1st Quarter (July '04-Sept '04)	32.6%
2nd Quarter(Oct '04-Dec'04)	38.9%
3rd Quarter(Jan '05-Mar '05)	41.3%
4th Quarter(Apr '05-Jun '05)	52.1%
1st Quarter (July '05-Sept '05)	66.5%
Priority 3 - Service Provision in 20 Work Days	
1st Quarter (July '04-Sept '04)	28.0%
2nd Quarter(Oct '04-Dec'04)	37.6%
3rd Quarter(Jan '05-Mar '05)	41.3%
4th Quarter(Apr '05-Jun '05)	57.0%
1st Quarter (July '05-Sept '05)	64.1%

Visitation with Children and Parents	Statewide
Child Contact (monthly)	
1st Quarter (July '04-Sept '04)	69.9%
2nd Quarter(Oct '04-Dec '04)	65.8%
3rd Quarter(Jan '05-Mar '05)	67.7%
4th Quarter(Apr '05-Jun '05)	68.9%
1st Quarter (July '05-Sept '05)	68.4%
Parent Contact	Statewide
1st Quarter (July '04-Sept '04)	36.4%
2nd Quarter(Oct '04-Dec '04)	39.3%
3rd Quarter(Jan '05-Mar '05)	44.5%
4th Quarter(Apr '05-Jun '05)	45.3%
1st Quarter (July '05-Sept '05)	45.9%

Reunification	Statewide
1st Quarter (July '04-Sept '04)	73.4%
2nd Quarter(Oct '04-Dec '04)	75.7%
3rd Quarter(Jan '05-Mar '05)	74.2%
4th Quarter(Apr '05-Jun '05)	75.5%
1st Quarter (July '05-Sept '05)	76.5%

Nebraska continues to improve adoption for children and is one of 24 states that received an incentive payment from the ACF in 2005. Incentive payments are awarded to states that have completed more adoptions in 2004 than in the baseline year, which is the higher year of 2002 or 2003. These awards recognize the substantial progress states are making in finding permanent adoptive families for children in foster care,” said Wade F. Horn, Ph.D., HHS’ assistant secretary for children and families. “The incentives awarded for older children are particularly important, because about half the children in foster are at least nine years old and are at risk of aging out of

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foster care with no ties to a permanent, loving family.” Nebraska was notified of the \$352,000 award on September 20, 2005.

The following improvements have been made in adoption:

Adoption Training

Nebraska HHS has used the resources of the National Resource Center for Adoption at Spaulding for Children to provide train the trainer and staff training on the dynamics of adoption by use of the Special Needs Adoption Curriculum developed by Spaulding. In December 2004 staff members and trainers attended this training with Spaulding staff as master trainers. Nebraska HHS is now providing this training to HHS staff across the state.

Also in 2004, two trainers, one from the HHS training unit and one from the Center for Children Families and the Law presented training to staff across the state on adoption finalizations, subsidy, relinquishments and open adoption. Staff were trained statewide. The adoption specialist helped to develop the training materials and curriculum.

In October, 2004, Drenda Lakin from Spaulding presented training via teleconference to sixty HHS staff. The topic was how to discuss adoption of their foster child with foster parent.

A statewide Adoption Conference is scheduled for February 22 – 24, 2006 in Kearney Nebraska. This conference is open to any staff within the protection and safety system. The agenda is currently being established.

Use of Guardianship

HHS recognizes that guardianship is being used for some children when adoption could be possible. In January, 2005, a memo was sent to staff to clarify when guardianship is appropriate. This program memo establishes the criteria for when guardianship as a permanency goal can be considered. The memo also provides for an exception process to the criteria. A monthly report identifying all youth with the goal of guardianship is provided to staff and supervisors. This report is used to review cases and ensure that the goal of guardianship is appropriate.

Adoption Exchanges

State wards in need of adoptive placements are referred to one or all of the three Adoption Exchanges:

1. State internal Adoption Exchange (data base maintained in The Office of Protection and Safety which lists the children in need of placements and Nebraska families who will accept placements. Workers with case management responsibility for a child, or who approved the family, can access the information for purposes of matching.)
2. HHS web page (This narrative and picture are available to the public and encourage interested families to contact the child’s worker for a potential match.)
3. AdoptUSKids web site (Federally funded national web site featuring children from all states who are in need of adoptive placements, allowing families internationally to contact the child’s worker for a potential match)



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Staff is required to enter all children on at least one of the adoption exchanges if they are free for adoption and not in an adoptive placement unless an exception is approved by the Service Area Protection and Safety Administrator. A monthly listing of children registered, those with an exception to being listed, and those for whom registration appears to be required but are not registered is sent monthly to each service area. Currently there are 56 children and 144 families registered on one or more exchanges.

Regulation Changes

A number of regulations relating to adoption have been drafted and are being scheduled for public hearing. These include: clarification of information that is to be shared with adoptive parents and allowance for relinquishment by parents outside of court when a petition for termination of parental rights has been filed.

Adoption Home Study Review

As a part of the Nebraska HHS Program Improvement Plan (PIP), a review of a sample of adoptive parent home studies from each Service Area was reviewed in December 2004. The primary purpose was to assess the time taken to complete home studies. A review tool was developed and thirty-five home studies were read. Other factors were also scored such as whether the family was offered children from the three adoption exchanges.

As a result, time frames for completion of all types of home studies have been issued to the field, with supervisors having responsibility for training staff persons on the requirements and for monitoring timely completion. Instructions also have been issued to the field regarding inter-jurisdictional placements, including a reminder that exchanges are to be used in locating families for children. Again, supervisors are responsible for assuring that staff persons understand the instructions and follow them. A universal home study format was developed and training will occur via satellite on November 7, 2005.

Performance Accountability Standards

One of the performance accountability standards for workers is finalization of adoption within 12 months of the court's acceptance of adoption as the permanency objective for the child. These standards were implemented in the fall of 2004 and clarified the Department's expectation of timely adoption for children who are wards of HHS.

Adoption	Statewide
1st Quarter (July '04-Sept '04)	30.2%
2nd Quarter(Oct '04-Dec '04)	37.5%
3rd Quarter(Jan '05-Mar '05)	39.5%
4th Quarter(Apr '05-Jun '05)	76.6%
1st Quarter (July '05-Sept '05)	46.5%

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Well Being

As stated previously, the Department continues to improve our efforts to identify and provide for the service needs of families through the assessment process and have visitation between caseworkers and the children and parents in their cases. We have also made improvements in case planning efforts. A program memo was issued to staff that clarified requirements and instructions for family and child plans (case plans) and the family and child planning (case planning) process. In this process there is emphasis on the need to involve families and family teams in the planning. This memo also defines key terms used in family and child planning (case planning).

Case Plans	Statewide
60 Day Case Plans	
1 st Quarter (July '04-Sept '04)	70.7%
2 nd Quarter(Oct '04-Dec '04)	78.8%
3 rd Quarter(Jan '05-Mar '05)	83.2%
4 th Quarter(Apr '05-Jun '05)	79.1%
1 st Quarter (July '05-Sept '05)	75.2%
Current Case Plans	
1 st Quarter (July '04-Sept '04)	47.2%
2 nd Quarter(Oct '04-Dec '04)	56.7%
3 rd Quarter(Jan '05-Mar '05)	65.1%
4 th Quarter(Apr '05-Jun '05)	71.3%
1 st Quarter (July '05-Sept '05)	71.0%

Although Nebraska is effective in meeting the educational needs of the majority of the children, Nebraska is taking steps to be more consistent in meeting the educational needs. Assuring that when a child of school age is involved, family team meetings and case plans include a discussion of the child's school progress and what, if any, additional services might be needed, and how they will be obtained. Also by reviewing school reports on the child's progress to assure that accurate information is available and is the basis for planning and for reporting to the court; assuring that actions are taken when it appears that educational services are not being provided, such as assistance to the parent in advocating for the child's needs, or requesting assistance from the Protection and Safety Legal Team; and assuring that the child's school records are transferred when a child moves from one school to another.

In March 2004 a Guide for Nebraska Foster Families was developed in collaboration with the Nebraska Foster and Adoptive Parent Association (NFAPA). This guide provides expectations to foster families regarding the health care of foster children and what records must be obtained and given to the caseworker. In February 2005 and Resource Guide to Record Keeping was produced and contains information regarding records for medical, dental, eye and mental health. This booklet provides the forms needed for documentation of the foster child's examinations along with a medical history during placement form, medication log and a form to maintain the foster child's appointments and activities.

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The Department made changes to N-FOCUS that allows a report to be produced monthly for supervisors and workers identifying those children who need to have a physical or dental examination.

On August 1, 2004, the new OJS Evaluation process was started. The clinical portion of the evaluation, called the Comprehensive Child and Adolescent Assessment is completed by providers who have committed to meeting a stringent set of criteria. These criteria include several elements to insure quality of the evaluation, including the requirement that the drug/alcohol assessment be done by a certified CADA, and that each youth have a psychiatric assessment and a health screening.

Systemic Factors

Quality Assurance System

Nebraska has developed and continues to implement a variety of components to achieve a cohesive Quality Assurance comprehensive system. The priority components for the QA System include:

Nebraska Child and Family Service Review (NE CFSR) – Nebraska has developed its own CFS Review Process that mirrors the Federal CFS Review. Training for internal and external reviewers was conducted on September 13, 2005. Peter Watson, Director of the Child Welfare Resource Center for Organizational Improvement conducted the training. All of the tools created for the review including the local office assessment, on-site tool and templates were reviewed by the Administration for Children and Families and the National Child Welfare Resource Center for Organizational Improvement. The first on-site review occurred in Omaha the week of September 19th with Kearney the week of October 17th and the final one in Gering the week of November 14th. Reviews are planned to occur in the other three service areas in 2006.

Utilization Management – In August 2004 a draft of a Utilization Management process to review youth placed in specified levels of out of home care was developed. Each Service Area has implemented Utilization Management or Care Management. Each area has identified team participants, types of cases to be reviewed and a review schedule. Reviews will specifically look at the current placement to monitor the correct level of care; evaluate and approve requests for less restrictive (non-treatment) levels of care and the permanency plan for the youth. Each area may opt to add specialty areas that they add to the review process, but all do UM on placement and permanency.

Surveys – Protection and Safety entered into an interagency agreement with Regulation and Licensure to conduct parent satisfaction surveys on a quarterly basis beginning in March 2005. Surveys are conducted quarterly. 350 parents are randomly selected to participate. This information is aggregated by the Research and Performance Measurement Unit in Finance and Support, and is given to Protection and Safety to analyze, identify trends and establish any necessary improvements based upon the results of the survey.

Performance Accountability – Dr. Joanne Schaefer, Deputy Chief Medical Officer, developed an Accountability Plan for Protection & Safety based on a Governor's Task Force related to children who have died because of abuse/neglect in Nebraska. Performance evaluation measurements were established that ranged from Intake to Adoption. Supervisors received



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specific, detailed information about the performance evaluation system at the June 15-16, 2005 supervisory conference.

Supervisory Oversight – Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised. The Supervisor reviews 100% of cases every 60 days.

ICCU QA Reviews - Protection & Safety Quality Assurance Specialists began in January 2005 partnering with the Integrated Care Coordination Units to conduct monthly reviews of samples of children enrolled for 6 months. The data collection instrument and instructions continue to be perfected and training on any changes are covered in quarterly statewide meetings. Data is and has been collected and compiled by the ICCUs. Interviews with a sample of the children, parents, and care coordinators reviewed were conducted beginning in March 2005. These interviews were ceased in June 2005, though, until more uniformity in their execution could be defined.

Intake Read - In April 2005 the agency reviewed a representative sample of the 12,393 child abuse and neglect intake reports received between July 1 and December 31, 2004. 7% (844) were randomly selected for review. The proportion of cases reviewed for each office and worker reflects those found in the total population of intakes received during this period. There were 13 case reviewers (seven HHSS Quality Assurance staff, two Central Office program specialists and four PS Intake Supervisors). The form used and a related guidebook were developed by QA staff and the review was co-facilitated by the QA Unit and a Protection and Safety (P&S) Program Coordinator. Inter-rater reliability training and data management activities were conducted by a representative of the UNL-Center on Children, Families and the Law. A draft report of the review is currently being finalized. A plan exists to repeat this review periodically.

Out of Home Setting Assessment Read - At the request of at least 2 of the Service Area Administrators, the QA Specialists have been asked to conduct a review of child abuse and neglect intake reports received which involve facilities providing out of home care (foster homes, group homes, etc.). To this end, a data collection instrument and instructions have been created and a request made to extract a dataset of candidate records. Beginning in November 2005 the QA staff in the Southeastern and Eastern Service Areas will begin reviews of these records for their respective service areas. A statewide review using the same instrument is planned for early 2006. A plan exists to repeat this review periodically.

Initial Assessment Read - In June 2005 the agency conducted a review of a representative sample of all 6,155 reports of child abuse and neglect accepted by the system for initial assessment between July 1 and December 31, 2004. 430 (7% of the total) initial assessments were selected to be reviewed. The proportion of cases reviewed for each local office within each service area reflects those found in the total population of reports accepted. There were 8 case reviewers (four Quality Assurance staff and four other experienced staff). The form used and a related guidebook were developed by QA staff and the review was co-facilitated by the QA Unit and a Protection and Safety (P&S) Program Coordinator. Inter-rater reliability training and data management activities were conducted by a representative of the UNL-Center on Children, Families and the Law. A draft report of the review is currently being finalized. A plan exists to repeat this review periodically.



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Home Study - A review of a sample of adoptive parent home studies from each Service Area was reviewed in December 2004. The primary purpose was to assess the time taken to complete home studies. A review tool was developed and thirty-five home studies were read. Other factors were also scored such as whether the family was offered children from the three adoption exchanges. As a result, time frames for completion of all types of home studies have been issued to the field, with supervisors having responsibility for training staff persons on the requirements and for monitoring timely completion. Instructions also have been issued to the field regarding inter-jurisdictional placements, including a reminder that exchanges are to be used in locating families for children. Again, supervisors are responsible for assuring that staff persons understand the instructions and follow them. A universal home study format was developed and training will occur via satellite on November 7, 2005.

Background Checks – In March 2005 we randomly selected 5% of the licensed and approved homes and compared those with our list of criminal background checks. The criminal background checks list contains the names of individuals for whom a background check was submitted, completed and paid for. We will continue this method for assuring checks are being completed until such time N-FOCUS includes the functionality of not allowing a license or approval to be issued until information regarding criminal background checks has been completed.

Service Array Project

Nebraska continues to develop a full continuum of services in every part of the state to meet the individual needs of children and families. A pilot in two communities in Nebraska which would assist communities in assessing services in their community was completed. The National Child Welfare Resource Center for Family Centered Practice recommended the Service Array instrument as a tool to be used in this process. The tool had previously been used in other communities across the nation with successful outcomes. The process requires communities to:

- Include a broad based community group/coalition, thus meetings other grant application requirements
- Review and revise definition
- Determine accessibility of services in the area
- Evaluate existing services by Quality and Quantity
- Determine level of importance.

The final report includes identification of impacts by categories including: strong services; needed education; advocacy or service barriers; non-existing services; duplication of services; staff and volunteer issues; funding issues; need for diversity; law and policy change.

Based on the pilot projects the Nebraska Children and Families Foundation was approached to partner with HHSS in expanding this process to other communities across Nebraska and enhancing the entire process to build a foundation for on-going community planning. The plan is to:

- Create a single unified community based planning process (e.g. that can be used across HHS funding areas)
- Develop a common logic model and application process for funding
- Develop common outcome measures and data collection tools

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- Reduce duplication in technical assistance and conferences while increasing participation
- Develop a collective evaluation process that truly measures outcomes and success factors
- Identify cost savings at the state and community levels while increasing resources and outcomes
- Identify policy and practice issues which, if addressed, can impact improved quality and higher end costs in the systems of care

Future Plans:

1) Adopt a common process for Prevention and Early Intervention Assessment and Planning in counties/communities:

- a) Utilize the Service Array Assessment format to conduct a single assessment for all prevention and early intervention resources in the community/county.
- b) Include a specific focus on Risk and Protective Factors which have been commonly identified through SAMHSA (SICA) and Juvenile Justice.
- c) Include special information and planning needs such as those of Prevent Child Abuse Nebraska.
- d) Focus on the ongoing development of active, community based coalitions and collaborations.
- e) Develop a single, unified prevention system three year Logic Model Prevention and Early Intervention Plan

The outcome is for each county or community involved in the process to develop a comprehensive, inter-related Prevention and Early Intervention plan which focuses on development of a prevention system. The service array instrument has been revised to identify categories as a core prevention system.

2) Develop a common systems approach for assessing and planning for Child Welfare Services and Juvenile Justice Services.

- a) Identify a core group which includes those required by Juvenile Justice and suggested the Service Array tool sections II – V process to complete both assessments and plans.
- b) Focus on large urban counties/communities and rural regional groups to complete the plan. For HHS the regional plan could be by Service Area with assurances that those from local service area offices/communities attend.
- c) For Juvenile Justice the determination may need to be made by multi county groups served by a single judge.

3) Pilot the linked Service Array and Juvenile Justice processes in a more rural community.

Dawes and Box Butte Counties will be piloting this process which began May 23, 2005.

4) Develop a Task Force of Key stakeholders with HHS and Juvenile Justice to review local plans for common system impacts, policies, and issues.

5) Consider a meeting of key leaders from HHS, Crime Commission/Juvenile Justice, Juvenile Justice Institute and Education to discuss and link planning processes.



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Communities who have expressed an interest and are now considered our priority communities are: Ogallala; North Platte; Beatrice; Norfolk; 9 Counties of the Loup Basin, and the area of South Sioux including the Winnebago and Omaha tribes.

The current proposal is to have a plan which includes the Prevention and Early Intervention and Child Welfare and Juvenile Services in the communities listed above by September 2005. When we are finished with the assessment, the community plan will be written in logic models by section. We will test the tool in the targeted communities and ask for an evaluation prior to training others.

Foster and Adoptive Parent Licensing, Recruitment and Retention

The Recruitment and Retention Advisory Group was established in December 2002. The group was comprised of foster and adoptive parents, HHS resource development staff from across the state, representatives of the Nebraska Foster and Adoptive Parent Association, tribal representatives, PRIDE trainers and representatives from Central Office. The goal of the group was to develop a marketing plan. Technical assistance was provided by Lorrie Lutz, from the National Child Welfare Resource Center for Foster Care and Permanency Planning and Heather Craig-Oldsen from the Child Welfare Institute.

To understand the many aspects of the foster care system and how more parents could be recruited and retained, data was reviewed from the national perspective and experiences of other states, N-FOCUS data regarding foster parents and foster children and a foster parent survey conducted by NFAPA. This data was used in combination to assess needs and understand the challenges faced by parents to becoming and continuing as foster parents and those faced by Department staff to support and retain foster parents.

With the understanding of the national perspective and the identified direction through the Nebraska CFSR to ensure safety, permanency, well being and stability for children placed in our care, the workgroup developed a philosophical foundation from which strategies were designed.

The group met quarterly through August 2004 and developed six phases to be completed to implement the Foster and Adoptive Parent Retention and Recruitment Marketing Plan.

Foster and Adoptive Parent Retention and Recruitment Marketing Plan Phases

Phase I – Inquiry

This phase is completed. The phase tied the inquiry process to the AdoptUSKids campaign which allows all prospective families to go through the 800 number. The Nebraska Association for Foster and Adoptive Parents is the organization which manages the 800 number.

Future Plans:

Phase II – Marketing Development

This phase will be implemented January 1, 2006. The marketing phase includes all aspects of development of the marketing materials to be used in the statewide campaign. This phase includes the development of marketing the message, brochures, ads, videos and the retention and recruitment advisory team. During this phase the marketing message and materials will

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be incorporated into Agency Based Foster Care and Integrated Care Coordination Unit contracts.

Phase III –Recruitment

This phase will be implemented January 1, 2006. This phase includes the initiation of recruitment at both the statewide and Service Area level. Recruitment will include the implementation of statewide general and targeted goals along with the Service Area targeted goals. Also, orientation of newly recruited resource families will be provided.

Phase IV – Training

This phase will be implemented July 1, 2006. During the training phase, all changes will be made to PRIDE along with implementation of the PRIDE material in pre-service training.

Phase V – Child Specific Recruitment

This phase will be implemented January 1, 2006. This phase begins the initiation of child specific recruitment of resource families. This will include the contact with identified relatives or children known to the child. Activities to support child specific recruitment have been initiated. Actions have included Intake Policy changes to identify non-custodial parents and other relatives, continued use of Family Group Conferencing to involve the non-custodial parent or relatives in the development of a plan to include, if needed, placement with one of the relatives. Phase V of the recruitment plan will involve development of non-relative resource families specific to the needs of a child.

Phase VI – Home Study

This phase will be implemented July 1, 2006. The home study process will be incorporated into the PRIDE training.

